



MISSOURI DEPARTMENT OF REVENUE  
MOTOR VEHICLE BUREAU  
PO BOX 100, JEFFERSON CITY MO 65105-0100  
(573) 751-0426

**REQUEST FOR FLEET PLATES WITH COMPANY NAME OR LOGO DESIGN**

FORM  
**5261**  
(REV. 3-2010)

***This form needs to be completed when requesting a fleet plate containing your company's name/logo.***

FLEET OWNER NAME:	DATE: ____/____/____
CONTACT NAME:	FLEET NUMBER:
CONTACT'S E-MAIL ADDRESS:	CONTACT'S PHONE NUMBER: (____) _____ - _____

NUMBER OF PLATES TO ORDER \_\_\_\_\_ **REQUIRES \$5.00 CHARGE PER PLATE**

**INSTRUCTIONS**

**Complete request for Fleet Logo Plates and mail to:**

Missouri Department of Revenue  
Motor Vehicle Bureau  
Attention: Fleet Registration  
PO Box 2076  
Jefferson City, MO 65101-2076

***(Allow 21 days for new plates to arrive)***

Type of Credit Card \_\_\_\_\_  
Name as Shown on Credit Card \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
Credit Card Expiration Date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

***Credit card information required. Service fee will apply.***

***Upon completion, form will be returned to you with a tracking number and the plate number(s) ordered. Please submit this form along with the following documents when registering the vehicle(s):***

1. Application for Title and or License (DOR-108);
2. Appropriate Ownership Documents;
3. Safety/Emissions Inspection if Applicable;
4. Personal Property Tax Receipt;
5. Proof of Insurance; and
6. Appropriate fees

***Department of Revenue Use Only:***

Tracking Number \_\_\_\_\_  
Plate Number(s) Ordered \_\_\_\_\_  
Date Plate(s) Ordered \_\_\_\_\_